

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577761

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	10					
3	0					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
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TOTAL IND.	1		↓	↓	↓	↓
TOTAL DEP.	10	←	←	←	←	←
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						